**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05321** **(7)**

1. Corporation Name

**CONDOMINIUM ASSOCIATION OF PALMETTO VILLAGE, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~13403 WAX MYRTLE TRAIL~~<br>~~P O BOX 2451~~<br>~~STUART FL 34995-2451~~ | ~~13403 WAX MYRTLE TRAIL~~<br>~~P O BOX 2451~~<br>~~STUART FL 34995-2451~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1984
3a. Date of Last Report: 05/13/1994
4. FEI Number: 59-2478912 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 12600 N.W Harbour Ridge Blvd. | 26 12600 N.W Harbour Ridge Blvd |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Palm City FL | City & State 28 Palm City FL |
| Zip 24 34990 Country 25 USA | Zip 29 34990 Country 30 USA |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SCHULER, JACK C.<br>13403 WAX MYRTLE TRAIL<br>PALM CITY FL 33490 | 81 Name: Michael E. Neary<br>82 Street Address (P.O. Box Number is Not Acceptable): 12600 N.W. Harbour Ridge Blvd<br>83<br>84 City: Palm City FL 85 Zip Code: 34990 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Michael E. Neary 3/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | UNGER, RICHARD C. | 12 NAME | |
| STREET ADDRESS | 13450 HARBOUR RIDGE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY FL | 14 CITY-ST-ZIP | |
| TITLE | TD | 21 TITLE | TD ☒ Change ☐ Addition |
| NAME | SODOKOFF, HOWARD | 22 NAME | Stevens, Joseph C. |
| STREET ADDRESS | 13444 HARBOUR RIDGE | 23 STREET ADDRESS | 13456 Harbour Ridge Blvd. |
| CITY-ST-ZIP | PALM CITY FL | 24 CITY-ST-ZIP | Palm City, FL 34990 |
| TITLE | D | 31 TITLE | D ☒ Change ☐ Addition |
| NAME | KUNDTZ, J. ANDREWS | 32 NAME | Hyde, Edwin T. |
| STREET ADDRESS | 13462 HARBOUR RIDGE | 33 STREET ADDRESS | 13472 Harbour Ridge Blvd. |
| CITY-ST-ZIP | PALM CITY FL | 34 CITY-ST-ZIP | Palm City, FL 34990 |
| TITLE | VD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | PAWLICKI, CLARENCE | 42 NAME | |
| STREET ADDRESS | 13428 HARBOUR RIDGE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | ROBINSON, A. KENT | 52 NAME | |
| STREET ADDRESS | 13434 HARBOUR RIDGE BLVD. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Richard C. Unger 3/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0021041